

224027

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

City Limo, LLC dba
Absolute Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 130 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Pavel Lawrentiu Corp dwn

Telephone:

843-222-9040

Address: 1906 N Hwy 17 Unit 2

Fax:

Surfside Beach, SC

Other:

29575

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☒ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☒ Request Expedite

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

MAY 20 2010

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLERK'S OFFICE

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

RECEIVED

MAY 20 2010

CLERK'S OFFICE

DATE: 5-17-10

I have the following Certificate:

☐ Class C Taxi # _____ ☒ Class C Charter # 8113-B ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change (Complete the additional document included with this form for a name change
ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form
away.)

From: City Limo, LLC
(Current Name)

DBA: _____
(Current DBA if applicable)

TO: City Limo, LLC DBA: Absolute Limo
(New Name) (New DBA if applicable)

☐ Scope of Authority
From: _____ To: _____
(Current Scope) (New Scope)

☐ Passenger Limit
From: _____ To: _____
(Current Limit Number) (New Limit Number)

City Limo, LLC
(Name & DBA if applicable)

Surfside Beach, SC 29575
(City, State, Zip Code)

1906 N Hwy 17 Unit 2
(Street and/or Mailing Address)

[Signature]
(Signature)

843-222-9040
(Telephone Number)

Owner
(Title)



PAUL
CITY LIMO

843-222-9040

May 17, 2010

130

RE: City Limo, LLC / Docket 2009-~~129~~-T

Dear Public Service Commission,

We ask due to this insured has a seasonal Limo business if this authority could be expedited. They are very concerned that their authority is not correct on how they would like to operate. They have a Taxi business also a Limo business. There is dual authority at this time. When it comes to the Insurance Company's perspective, if the insured has a limo that exceeds more than 14 passengers they will rate their insurance dramatically higher. We are trying to assist this insured so they will not have complications with their insurance. This insured would like to have authority as a Taxi also another authority as Limo. We would greatly appreciate the exception in expediting this request. Thank you.

Sincerely,

Pavel Corpodean

DeSanty, Tricia

From: Jerry Poston [jerry@commercial-ins.com]
Sent: Thursday, May 20, 2010 10:24 AM
To: DeSanty, Tricia; 'Chauvin, Carole'
Cc: 'Tammy Poston'
Subject: Name Change
Attachments: City Limo,llc dba Absolute Limo.pdf

Good Morning, I've had a meeting with City Limo, LLC and he has decided to do the following:
The name of the taxi company will stay as is because the city rule of Myrtle Beach affects the medallions at the local level.
He will be changing the insured name on charter side to City Limo, LLC dba Absolute Limo. Please see the forms attached and if there is any questions please let me know. I will be getting a Form E for the new company as soon as I can from the company.
Thank you for your help and understanding.
Jerry

Jerry Poston
Commercial Agent



COMMERCIAL INSURANCE
SERVICES_{LLC}

"Protecting Your Business, Is Our Business"

1245 Celebration Blvd, Florence, SC 29501
Phone 843-407-4090 x 103 office
Fax 843-664-0831

www.commercial-ins.com

P.S. Please note our office number has changed from 843-664-0036 to 843-407-4090